

The Pretest

- 1) When is the last time you rode with your loved one?
- 2) How safe did you feel?
- 3) How often does your loved one drive?
- 4) Why do they drive (necessity, socialization, habit, etc)?
- 5) Have they expressed any concerns about their driving ability (self imposed restrictions, etc)?
- 6) Have they been in any accidents or had any near accidents recently?
- 7) Are there any scratches or dents on their car?
- 8) Do you trust your loved one driving in poor conditions (rain, snow, nighttime)?
- 9) Do you trust your loved one driving on the highway?
- 10) Do you trust your loved one driving near where children are at play?

Session 1 - Vision



Scorecard

List any known vision issues here:

List any vision concerns here:

Result of Test 1

Amsler GRID test for Macular Degeneration

- No concern Some concern Moderate concern High concern

Result of Test 2

Color Blindness

- No concern Some concern Moderate concern High concern

Result of Test 3

Peripheral Vision

- No concern Some concern Moderate concern High concern

Result of Test 4

Driving Test with Special Glasses

- No concern Some concern Moderate concern High concern

Save this scorecard for the Summary Session

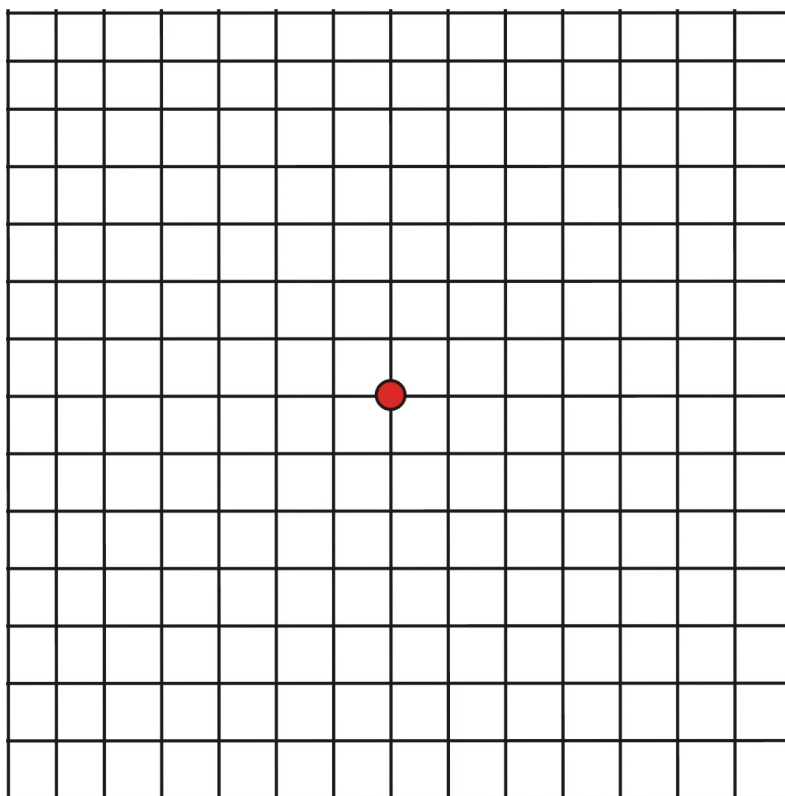
Session 1 - Vision



Test 1

How To Test Your Eyes With This Amsler Grid

Hold this page at arm's length and cup one eye.

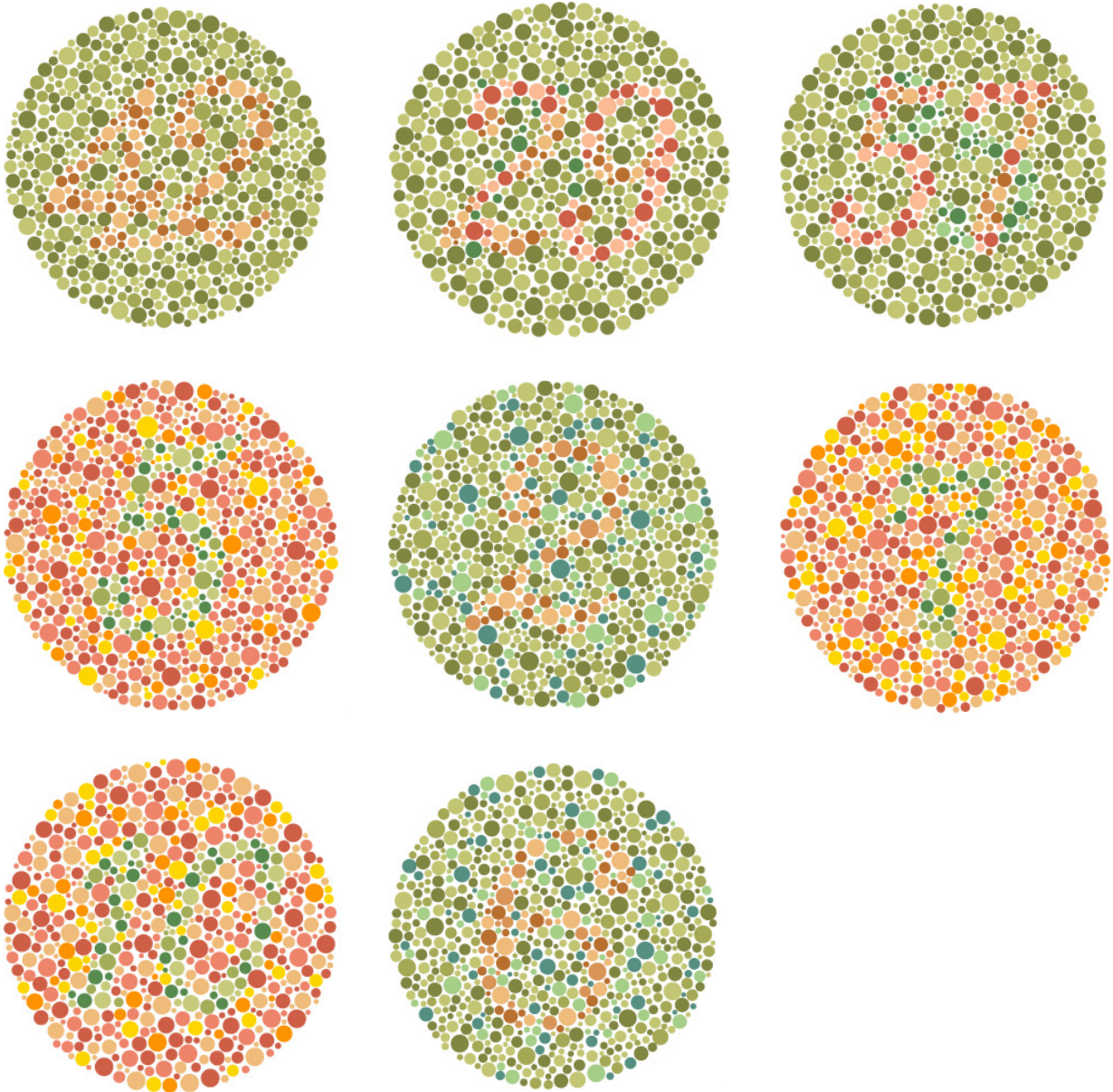


Session 1 - Vision



Test 2

Ishihara Color Vision Test



Session 2 - Hearing



Scorecard

Use this page to both ask questions and record responses.

- YES NO Do you sometimes feel embarrassed when you meet new people because you struggle to hear?
- YES NO Do you feel frustrated when talking to members of your family because you have difficulty hearing them?
- YES NO Do you have difficulty hearing or understanding co-workers, clients, or customers?
- YES NO Do you feel restricted or limited by a hearing problem?
- YES NO Do you have difficulty hearing when visiting friends, relatives, or neighbors?
- YES NO Do you have trouble hearing in the movies or in the theater?
- YES NO Does a hearing problem cause you to argue with family members?
- YES NO Do you have trouble hearing the TV or radio at levels that are loud enough for others?
- YES NO Do you feel that any difficulty with your hearing limits your personal or social life?
- YES NO Do you have trouble hearing family or friends when you are together in a restaurant?

Save this scorecard for the Summary Session

Session 3 - Physical mobility



Scorecard

List any known physical issues here:

List any physical mobility concerns here:

Result of Test 1

Check Roadwise Rx for Drug Reactions

- No concern Some concern Moderate concern High concern

Result of Test 2

Head/Neck & Upper Torso Rotation

- No concern Some concern Moderate concern High concern

Result of Test 3

Alternating Foot-Tap Test

- No concern Some concern Moderate concern High concern

Result of Test 4

Arm Reach

- No concern Some concern Moderate concern High concern

Save this scorecard for the Summary Session

Session 4 - Cognitive function



Scorecard

List any known cognitive issues here:

List any cognitive concerns here:

Result of Test 1

Clock-Drawing test

- No concern Some concern Moderate concern High concern

Result of Test 2

Trail Making Test

- No concern Some concern Moderate concern High concern

Result of Test 3

Recall Test

- No concern Some concern Moderate concern High concern

Result of Test 4

Maze Test

- No concern Some concern Moderate concern High concern

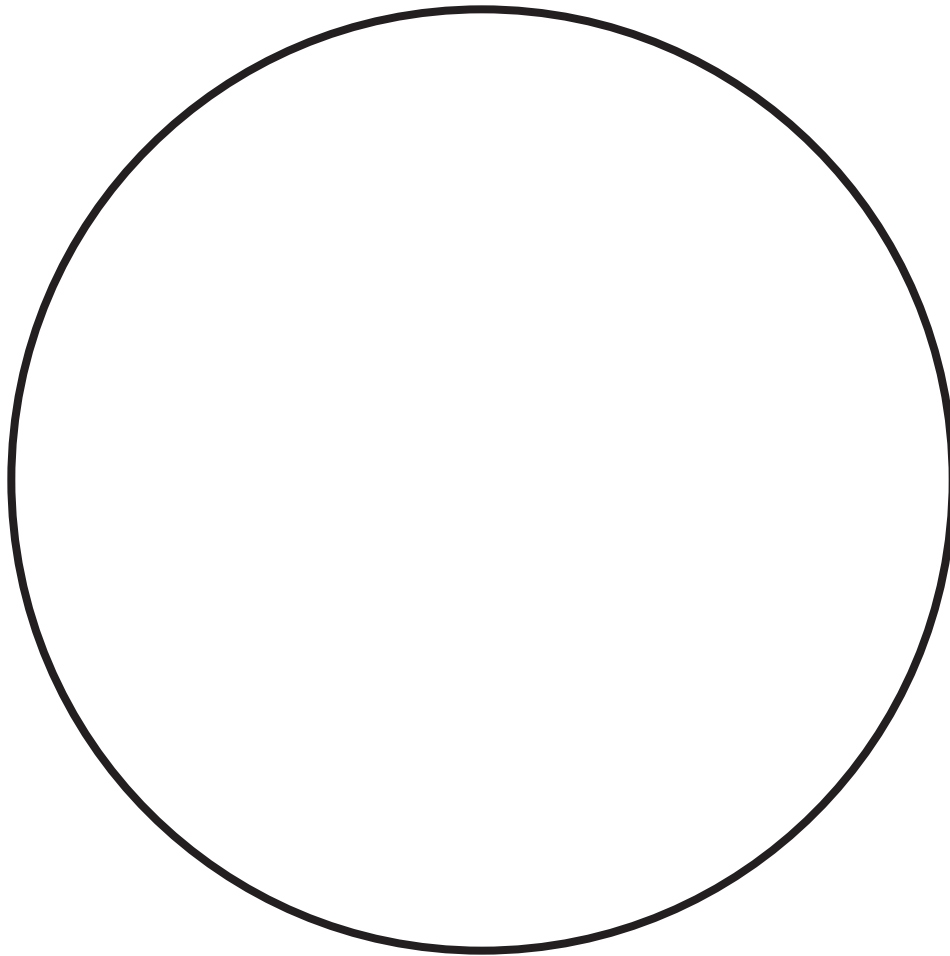
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Session 4 - Cognitive function



Test 1

Clock-Drawing Test

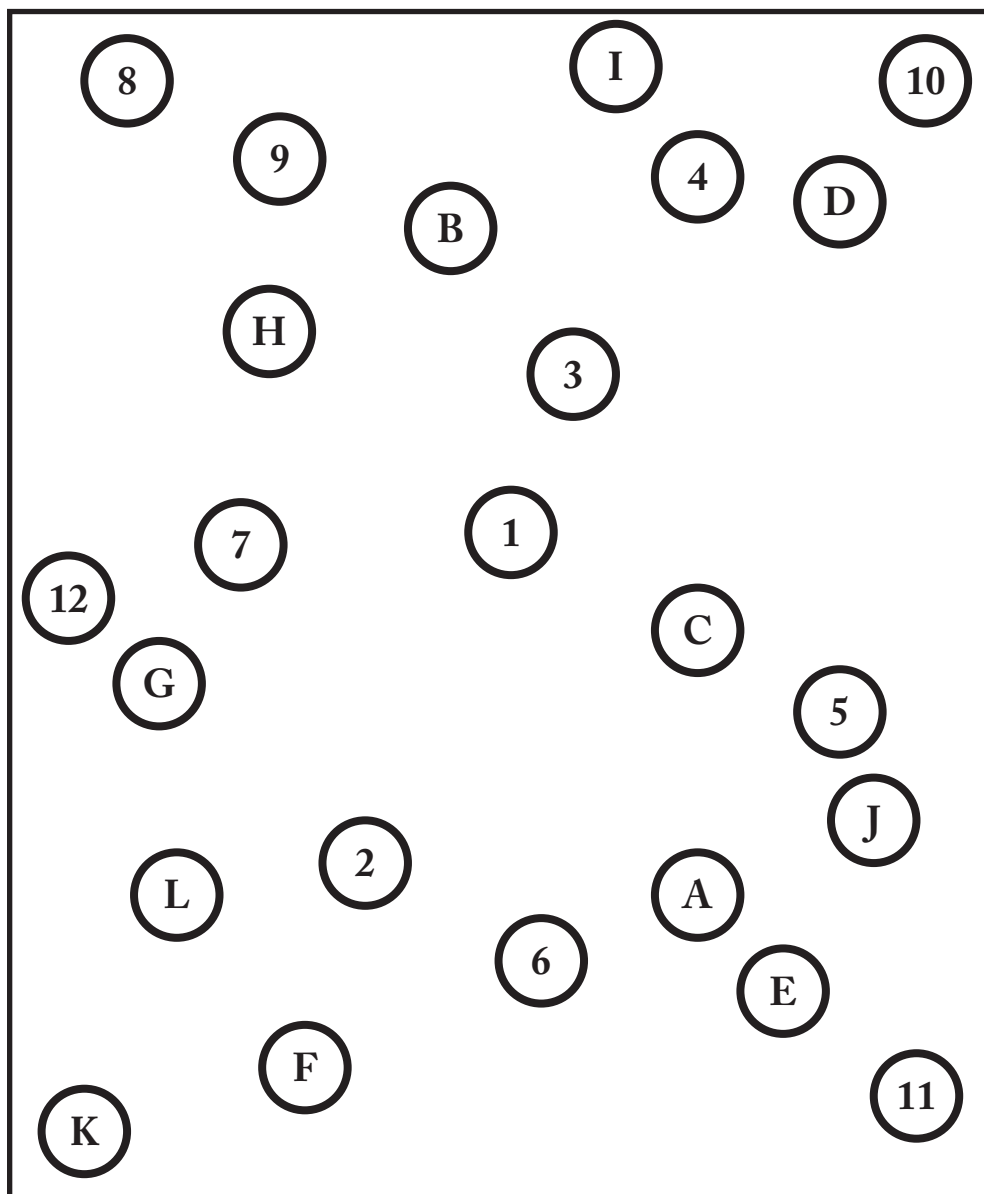


Session 4 - Cognitive function



Test 2

Trail Making Test



ORIGINAL CONTENT SOURCE

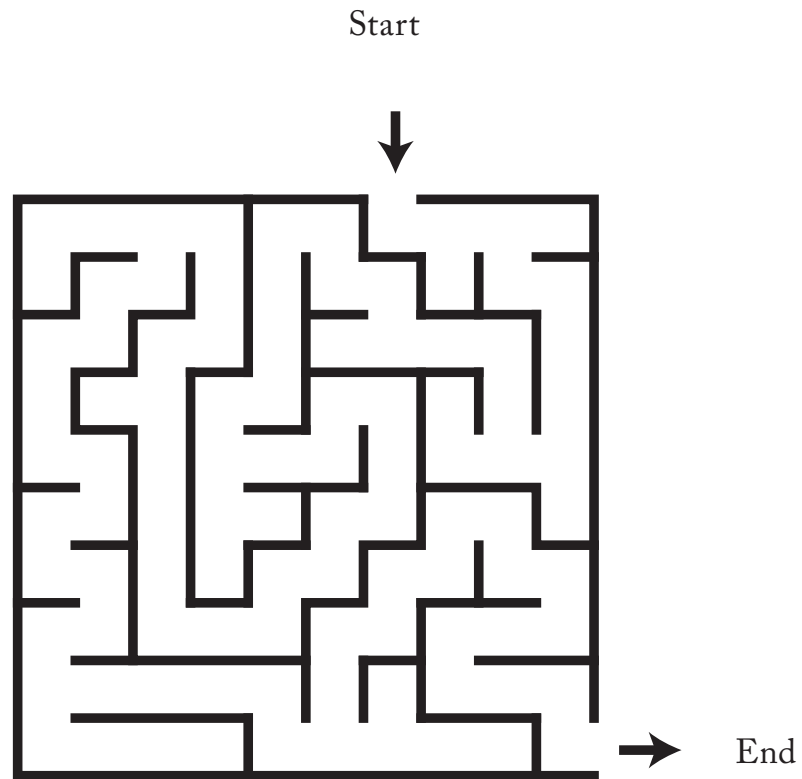
<https://thepracticalpsychosomaticist.com/2011/02/26/oral-version-of-the-trails-test-for-cognitive-impairment/>

Session 4 - Cognitive function



Test 4

Maze Test



ORIGINAL CONTENT SOURCE

<http://www.news.com.au/national/the-amazing-test-for-older-drivers/news-story/c7cdf9a6d0592b3f633ff654f844008f>

Session 5 - Support



Discussion 1 Sheet

Finance

Record the annual costs for their following car related expenses

Lease/payments _____ /month × 12 = _____ /year

Insurance _____ /month × 12 = _____ /year

Registration _____ /month × 12 = _____ /year

Gas _____ /week × 52 = _____ /year

Maintenance _____ /month × 12 = _____ /year

Parking _____ /month × 12 = _____ /year

Permit _____ /month × 12 = _____ /year

Car washing _____ /month × 12 = _____ /year

_____ /month × 12 = _____ /year

_____ /month × 12 = _____ /year

Cost _____ /year

Blue Book value _____

Session 5 - Support



Discussion 2 Sheet

Caregiver

Personal needs

Emergency contact 1 _____ Phone: _____

Emergency contact 2 _____ Phone: _____

Neighbor 1 _____ Phone: _____

Neighbor 2 _____ Phone: _____

Health needs

Primary physician _____ Phone: _____

Specialist _____ Phone: _____

Specialist _____ Phone: _____

Home needs

Tax service _____ Phone: _____

Lawn care _____ Phone: _____

Snow removal _____ Phone: _____

Electrician _____ Phone: _____

Plumber _____ Phone: _____

Animal caregiver _____ Phone: _____

Session 5 - Support



Discussion 3 Sheet

Location

Bus service

_____ Phone: _____

Cost: _____

Taxi services

_____ Phone: _____

Cost: _____

_____ Phone: _____

Cost: _____

Limo services

_____ Phone: _____

Cost: _____

Light rail, rapid transit services

_____ Phone: _____

Cost: _____

Uber or similar service

_____ Phone: _____

Cost: _____

Summary - Action



Decision 1

Today's date: _____

One week from today: _____

At this point in the process, you may need to find out a bit more information about something before you make a bigger decision. Use this week to do that. Examples may include: scheduling a hearing test or getting a quote on the worth of the car.

Regarding my driving, in the next week I am going to

If you don't feel you need to make a Decision 1, that's okay. We are just providing additional resources so no one feels rushed in to making a decision before they are ready.

- I want more time to decide
- I want to continue driving, as is
- I want to reduce/eliminate my need to drive

Summary - Action



Decision 2

Today's date: _____

Four weeks from today: _____

Regarding my driving, in the four weeks I am going to

If you don't feel you need to make a Decision 2, that's okay. We are just providing additional resources so no one feels rushed in to making a decision before they are ready.

- I want to continue driving, as is

- I want to reduce/eliminate my need to drive

Summary - Next Steps



Plan 1

Maintenance

To maintain my vision, I will

To maintain my hearing, I will

To maintain my physical mobility, I will

To maintain my cognitive function, I will

To maintain my support, I will

On this date _____ I will re-evaluate this plan.

On this date _____ I will go through this assessment process again.

Summary - Next Steps



Plan 2

Alternatives

My goal is to:

I will no longer drive under these conditions:

I will use my caregiver to help me:

I need to do the following tasks to accomplish my goal:

Summary - Next Steps



Plan 2, continued

Alternatives

1) To reduce or eliminate my need to drive to _____

I will now _____

2) To reduce or eliminate my need to drive to _____

I will now _____

3) To reduce or eliminate my need to drive to _____

I will now _____

4) To reduce or eliminate my need to drive to _____

I will now _____

5) To reduce or eliminate my need to drive to _____

I will now _____

6) To reduce or eliminate my need to drive to _____

I will now _____

On this date _____ I will re-evaluate this plan.

On this date _____ I will go through this assessment process again.

Help make this book better

Please share your thoughts on how we can improve this book.

How did you get a copy of this book?

Was this book helpful?

What information helped you the most?

What was not helpful?

Continued...

I would like this to be included in the next edition....

Overall my experience with the book was...

My final thoughts on the book are...

If you would like to be apart of reviewing future editions, please provide your

Name: _____

Email: _____

Cut out and mail this page to:

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Hayes Hall, c/o Liz Sanders
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Columbus, Ohio 43210

